

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL D.						
TOTAL EP.						
TOTAL AIMS						

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100				/
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

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						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/					51			
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50							100			
TOTAL D.							TOTAL IND.			
TOTAL DEP.							TOTAL DEP.			
TOTAL AIMS	11						TOTAL CLAIMS			